WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES RESEARCH & STATISTICS SECTION CalJOBS TECH SUPPORT TEAM CalJOBS Non-ETPL Training Provider Request Form

This Training Provider request cannot be processed unless ALL questions in Part A are completed. Incomplete forms will be sent back to requestor for completion.

E-MAIL: CalJOBSTECHSUPPORT@WDACS.LACOUNTY.GOV **REQUESTOR INFORMATION** DATE OF REQUEST: NAME OF AGENCY: **REQUESTOR:** PHONE NUMBER OF REQUESTOR: E-MAIL OF REQUESTOR: PARTA: PROVIDER INFORMATION PROVIDER NAME: (If adding OJT or WEX, enter name of Employer. Employer must already be registered in CalJOBS.) PROVIDER FEID: **PROVIDER ADDRESS:** (If adding WEX, enter the address of worksite, NOT agency.) PROVIDER CITY: PROVIDER ZIP: **GENERAL INFORMATION GREEN JOB: WORKSITE REQUIRED:** THIS PROGRAM OF STUDY LEADS TO: (Please select ONE of options below.) **OUTCOME INFORMATION** ATTAIN CREDENTIAL: (Please select ONE of options below.)

TRAINING TYPE AND ACTIVITY NAME INFORMATION

OJT/WEX Non-ITA (Complete Part B of this form.)

JOB TITLE:

WAGE PER HOUR: HOURS PER WEEK:

PARTB NON-ITA TRAINING PROVIDER INFORMATION

Only complete Part B if the provider will be providing one of the Non-ITA training types.

INSTITUTION AREA: (Please enter the county the provider is located.)

INSTITUTION TYPE: (Please select from list below.)

INSTITUTION OWNERSHIP: (Please select from list below.)

DISABLED ACCESS: YES NO

ADA COMPLIANT: YES NO

TTD/TTY TELEPHONE NUMBER:

INSTITUTION DESCRIPTION:

DISPLAY ONLINE TO THE PUBLIC: YES NO

FINANCAL AID AVAILABLE: YES NO

ONLINE REGISTRATION AVAILABLE: YES NO

CALOBSTRAINING PROMDER REQUEST DEFINITIONS

DATE OF REQUEST—Enter the date you are submitting the request.

NAMEOFAGENCY—Enter the name of your AJCC.

REQUESTOR-Enter your name.

PHONENUMBER OF REQUESTOR—Enter the phone number where you can be reached during business hours.

EMAILOF REQUESTOR-Enter the email address where you can be reached during business hours.

PROVIDERNAME—Enter the name of the Training Provider you wish to add.

If you are adding an OJT or WEX provider, enter the name of the employer that is already registered in CalJOBS. .

PROVIDER FEID-Enter the Federal Employment Identification Number for this training provider or Employer.

PROVIDER ADDRESS—Enter the Training Provider's address.

If you are entering an employer already registered in CalJOBS, ensure address the address found in CalJOBS.

If adding a WEX provider, enter the address of worksite, NOT the address of your agency.

CREEN JOB-A green job can be defined as one of the following:

Sustainable Manufacturing, or Green Products and Services Renewable or Green Energy Environmental Conservation/Enery Efficiency Occupations ultimately defined as ONET Green Occupations

WORKSTEREQUIRED—If you select Yes, specific Worksite Information will be required when adding the training for a participant.

THS PROGRAMIFADS TO Select the outcome of the training.

ATTAIN CREDENIIAL Select the credential attained at the end of the training.

If no credential will be attained, select 'No credential received, individual received training.'

OJI/WEX Non IIA - Check the box next to the Training Type(s) this provider will provide.

If you select Non-ITA, you must complete Part A and Part B of this form.

JOBTHIE-If applicable, enter the Job Title for the training that will be provided.

WAGES PERHOUR-IIf applicable, enter the Wages perHour for the training that will be provided.

HOURS PERWEK-IIf applicable, enter the Hours per Week for the training that will be provided.

PART B:

INSTITUTION AREA - Please enter the county where the institution is located.

INSTITUTION TYPE - Select the institution type of the provider from the options available. If you do not know the institution type, select 'Not Available'.

INSTITUTION OWNERSHIP - Select the institution ownership from the options available.

If you do not know the institution ownership of the provider, select 'Unknown' or 'Not Available'.

DISABLED ACCESS – Answer Yes if the institution provides disabled access in its facilities.

ADA COMPLIANT – Answer Yes if the institution is compliant with the American Disabilities Act.

TTD/TTY TELEPHONE NUMBER - Enter the TTD/TTY telephone number for the hearing impaired.

INSTITUTION DESCRIPTION - Please enter a brief description of the institution.

DISPIAY ONLINE TO THE PUBLIC - Enter Yes if you would like the Provider's programs and contact information to be visible to the public in CalJOBS, under Education Services.

FINANCIAL AID AVAILABLE – Answer Yes if financial aid is available for the trainings or courses offered by this provider.

ONLINE REGISTRATION AVAILABLE – Answer Yes is online registration is available for trainings or courses offered by this provider.

It is suggested to use the form's embedded text fields to complete the request. However, the requestor may opt to print the blank form and complete it by hand.

All requests must be submitted to <u>CalJOBStechsupport@wdacs.lacounty.gov</u>. WDACS CalJOBS Tech Support Staff will respond within 48 hours.